

REQUIRED STATE AGENCY FINDINGS

FINDINGS

C = Conforming

CA = Conforming as Conditioned

NC = Nonconforming

NA = Not Applicable

Decision Date: June 14, 2024

Findings Date: June 14, 2024

Project Analyst: Cynthia Bradford

Co-Signer: Lisa Pittman

Project ID #: F-12481-24

Facility: Atrium Health Cabarrus

FID #: 943049

County: Cabarrus

Applicant: The Charlotte-Mecklenburg Hospital Authority

Project: Develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment

REVIEW CRITERIA

G.S. 131E-183(a): The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.

- (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.

C

The Charlotte-Mecklenburg Hospital Authority (hereinafter referred to as CMHA or “the applicant”) proposes to develop no more than one unit of fixed cardiac catheterization equipment at Atrium Health Cabarrus (AH Cabarrus) for a total of no more than four units of fixed cardiac catheterization equipment upon project completion.

Need Determination

Chapter 15 of the 2024 State Medical Facilities Plan (SMFP) includes a methodology for determining the need for additional cardiac catheterization equipment in North Carolina by service area. Application of the need methodology in the 2024 SMFP, page 312, showed a need for one unit of fixed cardiac catheterization equipment in Cabarrus County.

Policies

There are two policies in the 2024 SMFP which are applicable to this review. *Policy GEN-3: Basic Principles*, and *GEN-4: Energy Efficiency and Sustainability for Health Service Facilities*.

For Policy GEN-3, on page 29 of the 2024 SMFP, states:

“A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.”

In Section B, pages 27-32, the applicant explains why it believes its application is consistent with Policy GEN-3. The applicant states it is dedicated to ensuring quality care and patient safety, that it will not discriminate based on a number of characteristics and will provide resources for uninsured patients, and that its projected utilization is based on reasonable and adequately supported assumptions, including the need the population has for the services proposed.

For Policy GEN-4, on page 33 of the 2024 SMFP, states:

“Any person proposing a capital expenditure greater than \$4 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178 shall include in its certificate of need application a written statement describing the project’s plan to assure improved energy efficiency and water conservation...

...In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant’s representation in the written statement as described in paragraph one of Policy GEN-4...

...Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be

consistent with the applicant's representation in the written statement as described in paragraph one of Policy-GEN 4. The plan shall not adversely affect patient or resident health, safety or infection control."

The proposed capital expenditure is over \$5 million. In Section B.2, pages 33-34, the applicant describes the project's plan to improve energy efficiency and conserve water. The applicant adequately demonstrates that the application includes a written statement describing the project's plan to assure improved energy efficiency and water conservation.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion based on the following:

- The applicant does not propose to develop more fixed cardiac catheterization units than are determined to be needed in the service area.
- The applicant adequately demonstrates that the proposal is consistent with *Policy GEN-3* and *Policy GEN-4* based on the following:
 - The applicant adequately documents how the project will promote safety and quality in the delivery of fixed cardiac catheterization services in Cabarrus County.
 - The applicant adequately documents how the project will promote equitable access to fixed cardiac catheterization services in Cabarrus County; and
 - The applicant adequately documents how the project will maximize healthcare value for the resources expended.
 - The applicant adequately demonstrates that the application includes a written statement describing the project's plan to assure improved energy efficiency and water conservation.

(2) Repealed effective July 1, 1987.

(3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, ... persons [with disabilities], the elderly, and other underserved groups are likely to have access to the services proposed.

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

Patient Origin

On page 304, the 2024 SMFP defines the cardiac catheterization equipment service areas as “...the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.” Figure 5.1, on page 36, shows Cabarrus County as a single county service area. Therefore, the service area for the fixed cardiac catheterization equipment is Cabarrus County. Facilities may also serve residents of counties not included in their service area.

In Section C, pages 37-38, the following tables illustrate the applicant’s historical patient origin for their cardiac lab as well as for the entire facility.

Cardiac Cath Lab**	Atrium Health Cabarrus	
	Last Full FY 01/01/2023 to 12/31/2023	
County or other geographic area such as ZIP code	Number of Patients	% of Total
Cabarrus	1,921	40.0%
Stanly	937	19.5%
Mecklenburg	649	13.5%
Rowan	578	12.0%
Other***	718	15.0%
Total	4,803	100.0%

**Includes cardiac catheterization and EP patients.

***Other: Other counties in North Carolina as well as other states

Entire Facility	Atrium Health Cabarrus	
	Last Full FY 01/01/2023 to 12/31/2023	
County or other geographic area such as ZIP code	Number of Patients	% of Total
Cabarrus	223,931	61.3%
Rowan	55,549	15.2%
Mecklenburg	41,262	11.3%
Stanly	21,362	5.8%
Other**	23,188	6.3%
Total	365,292	100.0%

**Other: Other counties in North Carolina as well as other states

In Section C, pages 39-40, the following tables illustrate the applicant’s projected patient origin for the cardiac lab as well as for the entire facility for the first three full fiscal years of operation, as summarized below.

Atrium Health Cabarrus						
Cardiac Cath Lab	FY 1 – CY 2027		FY 2 – CY 2028		FY 3 – CY 2029	
	# Patients	% Patients	# Patients	% Patients	# Patients	% Patients
Cabarrus	2,063	40.0%	2,101	40.0%	2,138	40.0%
Stanly	1,007	19.5%	1,025	19.5%	1,043	19.5%
Mecklenburg	696	13.5%	709	13.5%	722	13.5%
Rowan	620	12.0%	631	12.0%	643	12.0%
Other**	772	15.0%	785	15.0%	800	15.0%
Total	5,158	100.0%	5,251	100.0%	5,346	100.0%

Source: Section C, page 39

**Other: Other counties in North Carolina as well as other states

Atrium Health Cabarrus						
Entire Facility or Campus	FY 1 – CY 2027		FY 2 – CY 2028		FY 3 – CY 2029	
	# Patients	% Patients	# Patients	% Patients	# Patients	% Patients
Cabarrus	240,494	61.3%	244,823	61.3%	249,230	61.3%
Rowan	59,658	15.2%	60,732	15.2%	61,825	15.2%
Mecklenburg	44,314	11.3%	45,112	11.3%	45,924	11.3%
Stanly	22,943	5.8%	23,355	5.8%	23,776	5.8%
Other**	24,903	6.3%	25,351	6.3%	25,807	6.3%
Total	392,312	100.0%	399,373	100.0%	406,562	100.0%

Source: Section C, page 40

**Other: Other counties in North Carolina as well as other states

Currently, AH Cabarrus operates three units of fixed cardiac catheterization equipment at the facility in Concord. In Section C, page 39, the applicant provides the assumptions and methodology used to project its patient origin. The applicant projects patient origin based on CY 2023 patient origin for the entire licensed facility and an assumed growth rate of 1.8 percent per year based on the Cabarrus County projected population growth rate through 2029.

Analysis of Need

In Section C, pages 41-46, the applicant explains why it believes the population projected to utilize the proposed services needs the services, as summarized below.

- **Population growth, aging, and the rate of cardiovascular disease in Cabarrus County;** The applicant states on pages 41-43, that population growth rates for Cabarrus County’s population grew 28.5 percent between 2014 and 2024, adding roughly 55,000 residents. Additionally, Cabarrus County’s population aged 65 and over is projected to grow 3.7 percent annually over the next six years, or 24.6 percent overall. The need for the proposed unit of cardiac catheterization equipment is also driven by the rate of cardiovascular disease. Although cardiovascular disease is prevalent across the state, it is particularly significant among residents of these six communities in the 55+ age range.
- **The need for additional fixed cardiac catheterization capacity at Atrium Health Cabarrus;** On pages 43-46, the applicant states the need in the 2024 SMFP was generated exclusively by Atrium Health Cabarrus. Atrium Health Cabarrus grew at a compound

annual growth rate of 5.8 percent from CY 2019 to CY 2023. As a result of this growth, Atrium Health Cabarrus is currently operating at nearly 100 percent of its cardiac catheterization capacity.

The information is reasonable and adequately supported based on the following:

- The 2023 SMFP identifies the need for one additional unit of fixed cardiac catheterization equipment in Cabarrus County.
- The applicant cites publicly available data to support its conclusions about population growth.
- The applicant provides documentation of growth of cardiac catheterization procedures at AH Cabarrus.
- The total cardiac catheterization procedure volume at AH Cabarrus has grown at a compound annual growth rate of 7.6%, with interventional procedures having an annual growth rate of 5.8%, which is higher than the general population CAGR of 4% and is operating at nearly 100% capacity.

Projected Utilization

In Section Q, Form C.2b, page 109, the applicant provides projected utilization for Atrium Health Cabarrus, as illustrated in the following table.

Atrium Health Cabarrus Cardiac Catheterization Projected Utilization				
	Partial FY - 2026	FY 1 – CY 2027	FY 2 – CY 2028	FY 3 – CY 2029
# of Units	4	4	4	4
# Diagnostic Procedures	2,295	2,336	2,378	2,421
# Therapeutic Procedures	1,370	1,394	1,419	1,445
# of Diagnostic-Equivalent Procedures	4,692	4,776	4,862	4,950

Following Forms C.2a and C.2b in Section Q, the applicant provides the assumptions and methodology used to project utilization, which are summarized below.

- The applicant reviewed historical utilization and CAGRs for diagnostic, interventional, total, and weighted cardiac catheterization procedures for FYs 2019-2023. The applicant projected growth of cardiac catheterization procedures at Atrium Health Cabarrus by utilizing the Cabarrus County annual growth rate of 1.8% for diagnostic equivalent procedures for FY23 to FY29.
- The applicant began its projections with FY 2023 data and applied the projected growth rate to each type of procedure to project utilization at AH Cabarrus the first three full operating years.

A summary of the applicant’s assumptions and calculations are shown in the table below.

Atrium Health Cabarrus Projected Fixed Cardiac Catheterization Utilization						
	FY24	FY25	FY26	FY27 (PY1)*	FY28 (PY2)	FY29 (PY3)
Diagnostic Procedures	2,214	2,254	2,295	2,336	2,378	2,421
Interventional Procedures	1,322	1,345	1,370	1,394	1,419	1,445
Total Procedures	3,536	3,600	3,664	3,730	3,798	3,866
Diagnostic-Equivalent Procedures	4,527	4,609	4,692	4,776	4,862	4,950
Cardiac Catheterization Units	3	3	4	4	4	4
Total Existing Capacity	4,500	4,500	6,000	6,000	6,000	6,000
Diagnostic Procedures per Unit				1,194	1,215	1,237
% Utilization	100.6%	102.4%	78.2%	79.6%	81.0%	81.0%

Source: Section Q, Form C Assumptions and Methodology, page 112

*Project Years (PY) reflect full fiscal years (Jan-Dec) of the proposed project.

Atrium Health System

Pursuant to 10A NCAC 14C .1603(a)(5), an applicant proposing to acquire fixed cardiac catheterization equipment must demonstrate that the existing, approved, and proposed fixed cardiac catheterization units owned by the applicant or a related entity in a cardiac catheterization equipment service area will perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit during the third full fiscal year following project completion.

Immediately following Forms C.2a and C.2b in Section Q, the applicant provides the assumptions and methodology used to project utilization for the entire Atrium Health Cabarrus facility in Cabarrus County, which are summarized below.

- The applicant reviewed projected utilization for diagnostic, interventional, total, and weighted cardiac catheterization procedures for FY25-FY27. The applicant projected the following growth rates for types of cardiac catheterization procedures at each facility:
 - From 2024 to 2029, Cabarrus County is projected to grow at a compound annual growth rate of 1.8 percent.
 - The applicant utilized historical and projected EP utilization to produce comprehensive financial projections for the cardiac catheterization labs.
 - The applicant then projected cardiac catheterization utilization for Atrium Health Cabarrus through CY 2029, the third full fiscal year of the proposed project, based on the assumed 1.8 percent annual growth rate.
 - The applicant then projected EP procedures to grow at a rate of 1.8 percent per year based on projected population growth in Cabarrus County.

As shown in the table above, the applicant projects that AH Cabarrus will perform 4,950 diagnostic-equivalent cardiac catheterization procedures on four units of fixed cardiac catheterization equipment, or an average of 1,237 diagnostic-equivalent cardiac catheterization

procedures per unit of fixed cardiac catheterization equipment during FY 2029. This meets the requirement promulgated in 10A NCAC 14C .1603(a)(5).

Projected utilization is reasonable and adequately supported based on the following:

- The applicant projects utilization for the three project years (CY2027-CY2029), based on the Cabarrus County projected population CAGR of 1.8% from CY2023 through CY2029.
- The applicant’s projections of cardiac cath volumes are supported by the historical growth rate of cardiac cath volumes of the existing cardiac cath labs.

Access to Medically Underserved Groups

In Section C, pages 53-54, the applicant states that it will not discriminate against individuals on the basis of race, color, national origin, gender, disability, age, religious affiliation, sexual orientation, or payor, and discusses its charity care policies designed to provide financial assistance for uninsured patients or patients with lower income levels. The applicant states that the proposed project will be compliant with the latest State of North Carolina and Federal guidelines for handicapped accessibility and will be compliant with all applicable provisions of the Americans with Disabilities Act

On page 54, the applicant provides the estimated percentage for each medically underserved group, as shown in the following table.

Medically Underserved Groups**	% of Total Patients
Racial and ethnic minorities	27.0%
Women	61.9%
Persons 65 and older	34.4%
Medicare beneficiaries	38.5%
Medicaid recipients	16.8%

On page 54, the applicant states it does not retain data on the number of disabled persons it serves and states that disabled persons will not be denied access to AH Cabarrus.

The applicant adequately describes the extent to which all residents of the service area, including underserved groups, are likely to have access to the proposed services based on the following:

- AH Cabarrus is part of an established health system in Cabarrus County that has established policies against discrimination.
- The applicant states it will not discriminate against patients on the basis of a number of categories and describes its policies for assisting uninsured and low-income patients with financial assistance.
- The applicant provides CMHA’s Non-Discrimination policies in Exhibit B.20-4, and its Patient Financial policies in Exhibit L.4-1.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, ... persons [with disabilities], and other underserved groups and the elderly to obtain needed health care.

NA

The applicant does not propose to reduce a service, eliminate a service, or relocate a facility or service. Therefore, Criterion (3a) is not applicable to this review.

- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

In Section E, pages 65-66, the applicant describes the alternatives it considered and explains why each alternative is either more costly or less effective than the alternative proposed in this application to meet the need. The alternatives considered were:

Maintain the Status Quo – The applicant states that without sufficient capacity, patient care may be delayed. If the demand for cardiac catheterization services at a facility exceeds its reasonable capacity, then these delays may also result in patients beginning their procedures later in the day, which may require a more expensive and inconvenient overnight stay or rescheduled appointment. Therefore, maintaining the status quo was not considered an effective alternative.

Develop the Proposed Cardiac Catheterization Equipment at Atrium Health Harrisburg– The applicant states that Atrium Health Cabarrus currently offers cardiac catheterization services; it will be able to utilize mostly existing staff and personnel rather than incur unnecessary

staffing costs to establish a new service at Atrium Health Harrisburg. Further, renovating existing vacant space is cost-effective, and operating multiple cardiac catheterization labs in one facility maximizes operational efficiencies, allowing for more rapid room cleanup, turnaround, and improved scheduling. Atrium Health Cabarrus has a larger range of ancillary and support services available to cardiac patients, making the proposal outlined in this application an overall more effective alternative. For these reasons, the above alternative was rejected.

The applicant adequately demonstrates that the alternative proposed in this application is the most effective alternative to meet the need based on the following:

- The application is conforming to all statutory and regulatory review criteria.
- The applicant provides credible information to explain why it believes the proposed project is the most effective alternative.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the reasons stated above. Therefore, the application is approved subject to the following conditions:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than one unit of fixed cardiac catheterization equipment at Atrium Health Cabarrus pursuant to the need determination in the 2024 State Medical Facilities Plan for a total of no more than four units of fixed cardiac catheterization equipment upon project completion.**
- 3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**

- c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **The first progress report shall be due on December 1, 2024.**
5. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**
- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

Capital and Working Capital Costs

In Section Q, Form F.1a, page 115, the applicant projects the total capital cost of the project, as shown in the table below.

The Charlotte-Mecklenburg Hospital Authority Capital Costs	
Construction/Renovation Contract (s)	\$1,328,000
Architect/Engineering Fees	\$333,000
Medical Equipment	\$2,853,000
Non-Medical Equipment	\$6,000
Furniture	\$9,000
Consultant Fees	\$120,000
Financing Costs	\$26,233
Interest during Construction	\$113,219
Other	\$1,061,000
Total Capital Costs	\$5,849,452

Immediately following Form F.1.a, in Section Q, the applicant provides the assumptions used to project the capital cost. The applicant adequately demonstrates that the projected capital cost is based on reasonable and adequately supported assumptions based on the following:

- Construction, Architect and Engineering costs are based on the experience of the project architect with similar projects.

- Medical and non-medical equipment costs are based on the experience of CMHA with similar projects as well as vendor estimates which include estimated taxes and estimated freight.
- All other associated costs are based on the applicant's experience completing similar projects.

In Exhibit F.2-1, the applicant provides a letter dated February 15, 2024, from the Executive Vice President and Chief Executive Financial Officer, which states that the capital cost for this project are estimated to be \$5,849,542, with no additional start-up costs for this project. The applicant adequately demonstrates that projected working capital cost is based on reasonable and adequately supported assumptions because the applicant currently provides the services it proposes to add.

Availability of Funds

In Section F, page 67, the applicant states that the capital cost will be funded through accumulated reserves.

In Exhibit F.2-1, the applicant provides a letter dated February 15, 2024, from the Executive Vice President and Chief Executive Financial Officer, committing to providing \$5,849,542, in capital costs for the proposed project.

Exhibit F.2-2 also contains the Atrium Health Enterprise Combined Financial Statements which shows that for the fiscal year ending December 31, 2022, the applicant had adequate cash equivalents and assets to fund the proposed project.

Financial Feasibility

The applicant provided pro forma financial statements for the first three full fiscal years of operation following completion of the project. In Form F.2b, the applicant projects that revenues will not exceed operating expenses for the cardiac catheterization services at AH Cabarrus during the first three full fiscal years following completion of the project, as shown in the table below.

Atrium Health Cabarrus Projected Revenues and Operating Expenses				
Cardiac Cath Only	Last Fiscal Year	1st Full Fiscal Year	2nd Full Fiscal Year	3rd Full Fiscal Year
	CY 2023	CY 2027	CY 2028	CY 2029
Total Procedures [^]	4,447	4,776	4,862	4,950
Total Gross Revenues (Charges)	\$367,197,896	\$443,854,059	\$465,398,735	\$487,989,189
Total Net Revenue	\$67,160,327	\$81,180,704	\$85,121,216	\$89,253,000
Average Net Revenue per Procedure	\$15,103	\$16,998	\$17,507	\$18,031
Total Operating Expenses (Costs)	\$35,769,769	\$44,193,891	\$46,187,773	\$48,242,965
Average Operating Expense per Procedure	\$8,044	\$9,253	\$9,500	\$9,760
Net Income	\$31,390,558	\$36,986,813	\$38,933,443	\$41,010,034

[^] Source: Section Q, Form C.2a and Form C.2b, pages 108 -109

The assumptions used by the applicant in preparation of the pro forma financial statements are provided in Section Q. The applicant adequately demonstrates that the financial feasibility of the proposal is reasonable and adequately supported based on the following:

- The applicant’s projected payor mix is based on the applicant’s historical payor mix.
- Projected utilization is based on reasonable and adequately supported assumptions. See the discussion regarding projected utilization in Criterion (3) which is incorporated herein by reference.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the following reasons:

- The applicant adequately demonstrates that the capital costs are based on reasonable and adequately supported assumptions for all the reasons described above.
- The applicant adequately demonstrates availability of sufficient funds for the capital needs of the proposal for all the reasons described above.
- The applicant adequately demonstrates sufficient funds for the operating needs of the proposal and that the financial feasibility of the proposal is based upon reasonable projections of revenues and operating expenses from both facilities in Cabarrus County for all the reasons described above.

- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

On page 304, the 2024 SMFP defines the cardiac catheterization equipment service areas as “...the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.” Figure 5.1, on page 36, shows Cabarrus County as a single county service area. Therefore, the service area for the fixed cardiac catheterization equipment is Cabarrus County. Facilities may also serve residents of counties not included in their service area.

According to Table 15A-3 in Chapter 15 of the 2024 SMFP, there is one facility, Atrium Health Cabarrus, with a total of three units of fixed cardiac catheterization equipment in Cabarrus County. Information about the facility and equipment is shown in the table below.

Fixed Cardiac Catheterization Equipment Inventory – Cabarrus County			
Facility	# Units	2022 Procedures	Machines Required (80% Utilization)
Atrium Health Cabarrus	3 [^]	4,170	3.48

[^] AH Cabarrus has 2 Cardiac Cath units and one CON approved Cardiac Cath unit in development.

In Section G, page 77, the applicant explains why it believes its proposal would not result in the unnecessary duplication of existing or approved cardiac catheterization services in Cabarrus County. The applicant states:

“...the need in the 2024 SMFP was generated by the highly utilized equipment at Atrium Health Cabarrus...”

“...cardiac catheterization utilization at Atrium Health Cabarrus is growing rapidly and there is enough volume today (emphasis in original) to support an additional unit of fixed cardiac catheterization equipment. Thus, the proposed project will not result in any unnecessary duplication.”

The applicant adequately demonstrates that the proposal would not result in an unnecessary duplication of existing or approved services in the service area based on the following:

- There is a need determination in the 2024 SMFP for the proposed unit of fixed cardiac catheterization equipment in the service area.
- The applicant adequately demonstrates that the proposed cardiac catheterization equipment is needed in addition to the existing or approved cardiac catheterization equipment.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

In Section Q, Form H, the applicant provides projected full-time equivalent (FTE) staffing for the proposed services, as shown in the table below.

Atrium Health Cabarrus Cardiac Catheterization Lab Projected FTE Staffing				
	Historical FY 2023	1st Fiscal Year FY 2027	2nd Fiscal Year FY 2028	3rd Fiscal Year FY 2029
Cardiovascular Specialist	3.6	5.3	5.3	5.3
RN Clinical Nurse	21.0	24.5	24.5	24.5
RN Nurse Manager	1.0	1.0	1.0	1.0
Nurse Aide /Healthcare Tech	0.9	0.9	0.9	0.9
RN Clinical Supervisor	3.0	3.0	3.0	3.0
Dir/ Cardiology Services	1.0	1.0	1.0	1.0
TOTAL	30.5	35.7	35.7	35.7

The assumptions and methodology used to project staffing are provided in Section Q. Adequate operating expenses for the health manpower and management positions proposed by the applicant are budgeted in Form F.3b. In Section H, pages 79-80, the applicant describes the methods used to recruit or fill new positions and its existing training and continuing education programs.

The applicant adequately demonstrates the availability of sufficient health manpower and management personnel to provide the proposed services based on the following:

- The applicant is an existing provider of fixed cardiac catheterization services which already employs staff necessary to offer fixed cardiac catheterization services.
- The applicant is part of a large and established healthcare system in Cabarrus County.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

Ancillary and Support Services

In Section I, page 83, the applicant identifies the necessary ancillary and support services for the proposed services. On page 83, the applicant explains how each ancillary and support service is or will be made available. The applicant adequately demonstrates that the necessary ancillary and support services will be made available because AH Cabarrus currently provides the ancillary and support services that will be necessary for the additional unit of fixed cardiac catheterization equipment.

Coordination

In Section I, page 84, the applicant describes its existing and proposed relationships with other local health care and social service providers and provides supporting documentation in Exhibit I.2. The applicant adequately demonstrates that the proposed services will be coordinated with the existing health care system based on the following:

- The applicant is an existing provider with established relationships with healthcare and social services providers in the service area.
- In Exhibit I.2, the applicant provides letters of support from Atrium Health physicians supporting the addition of an additional unit of fixed cardiac catheterization equipment.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.

NA

The applicant does not project to provide the proposed services to a substantial number of persons residing in Health Service Areas (HSAs) that are not adjacent to the HSA in which the services will be offered. Furthermore, the applicant does not project to provide the proposed services to a substantial number of persons residing in other states that are not adjacent to the North Carolina county in which the services will be offered. Therefore, Criterion (9) is not applicable to this review.

- (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates: (a) The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and (b) The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
- would be available under a contract of at least 5 years duration;
 - would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
 - would cost no more than if the services were provided by the HMO; and
 - would be available in a manner which is administratively feasible to the HMO.

NA

The applicant is not an HMO. Therefore, Criterion (10) is not applicable to this review.

- (11) Repealed effective July 1, 1987.
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

CA

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

In Section K, page 87, the applicant states that the project involves renovating 1,302 square feet of new space. Line drawings are provided in Exhibit C.1-2. The renovated square footage proposed in this application will accommodate the fixed cardiac cath lab.

On pages 87-88, the applicant adequately explains how the cost, design and means of construction represent the most reasonable alternative for the proposal based on the following:

- The applicant's proposal involves renovating existing space to minimize the cost of the project rather than constructing new space.

On page 88, the applicant adequately explains why the proposal will not unduly increase the costs to the applicant of providing the proposed services or the costs and charges to the public for the proposed services based on the following:

- The applicant is able to service the capital costs of the project without increasing charges to the public.

Page 88 refers to Section B.21 where the applicant identifies applicable energy saving features that will be incorporated into the construction plans.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and ... persons [with disabilities], which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

- (a) The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;

C

In Section L, page 91, the applicant provides the historical payor mix during FY 2023 for Atrium Health Cabarrus, as shown in the table below.

Atrium Health Cabarrus	
Payor Category	% of Total
Self-Pay	6.5%
Charity Care	
Medicare*	38.5%
Medicaid*	16.8%
Insurance*	35.5%
Workers Compensation	0.4%
TRICARE	
Other Gov't/Institutional	2.3%
Total	100.0%

*Including any managed care plans

In Section L, page 92, the applicant provides the following comparison.

Atrium Health Cabarrus	% of Total Patients Served During FY 2023	% of the Population of the service area*
Female	61.9%	50.9%
Male	37.9%	49.1%
Unknown	0.1%	0.0%
64 and Younger	65.6%	86.2%
65 and Older	34.4%	13.8%
American Indian	0.5%	0.7%
Asian	1.4%	6.5%
Black or African-American	23.0%	21.8%
Native Hawaiian or Pacific Islander	0.1%	0.1%
White or Caucasian	69.5%	68.2%
Other Race	2.0%	2.7%
Declined / Unavailable	3.6%	0.0%

* The percentages can be found online using the United States Census Bureau's QuickFacts which is at: <https://www.census.gov/quickfacts/fact/table/US/PST045218>. Just enter in the name of the county.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the applicant adequately documents the extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved. Therefore, the application is conforming to this criterion.

- (b) Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and persons with disabilities to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;

C

Regarding any obligation to provide uncompensated care, community service or access by minorities and persons with disabilities, in Section L, page 93, the applicant states it has no such obligation.

In Section L, page 94, the applicant states that during the 18 months immediately preceding the application deadline, no patient civil rights access complaints have been filed against the facility or any similar facilities owned by the applicant or a related entity and located in North Carolina.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion.

- (c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

C

In Section L, pages 94-95, the applicant projects the following payor mix for the proposed services during the third full fiscal year of operation following completion of the project, as shown in the table below.

Atrium Health Cabarrus Projected Payor Mix – FY3 (2029)		
Payor Category	% of Total – Entire Facility	% of Total – Cardiac Catheterization^{^^^}
Self-Pay	6.5%	4.0%
Charity Care [^]		
Medicare*	38.5%	61.7%
Medicaid*	16.8%	5.5%
Insurance*	35.5%	24.3%
Workers Compensation	0.4%	0.0%
TRICARE ^{^^}		
Other	2.3%	4.4%
Total	100.0%	100.0%

*Including any managed care plans.

[^]CMHA’s internal data does not include Charity Care as a payor source for patients. Patients in any payor category can and do receive charity care.

^{^^} TRICARE included in the Other payor category.

^{^^^} Includes cardiac catheterization and EP patients

As shown in the table above, during the third full fiscal year of operation, the applicant projects that 6.5% of total services and 4.0% of cardiac catheterization services will be provided to self-pay patients, 38.5% of total services and 61.7% of cardiac catheterization services to Medicare patients, and 16.8% of total services and 5.5% of cardiac catheterization services to Medicaid patients.

On page 94, the applicant provides the assumptions and methodology used to project payor mix during the third full fiscal year of operation following completion of the project. The projected payor mix is reasonable and adequately supported because it is based on the historical payor mix for Atrium Health Cabarrus.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion based on the reasons stated above.

- (d) That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.

In Section L, page 96, the applicant adequately describes the range of means by which patients will have access to the proposed services.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion.

- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

In Section M, page 97, the applicant describes the extent to which health professional training programs in the area have access to the facility for training purposes. A complete list of affiliated professional training programs is included in Exhibit M.1.

The applicant adequately demonstrates that health professional training programs in the area have access to the facility for training purposes based on the following:

- The applicant has existing clinical education agreements with area health education programs in the service area and across the State of North Carolina.
- The applicant states all educational programs that have clinical agreements with multiple healthcare systems and will have the same access upon completion of the proposed project.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (15) Repealed effective July 1, 1987.
(16) Repealed effective July 1, 1987.
(17) Repealed effective July 1, 1987.

- (18) Repealed effective July 1, 1987.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

On page 304, the 2024 SMFP defines the cardiac catheterization equipment service areas as “...the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.” Figure 5.1, on page 36, shows Cabarrus County as a single county service area. Therefore, the service area for the fixed cardiac catheterization equipment is Cabarrus County. Facilities may also serve residents of counties not included in their service area.

According to Table 15A-3 in Chapter 15 of the 2024 SMFP, there is one facility, Atrium Health Cabarrus, with a total of three units of fixed cardiac catheterization equipment in Cabarrus County. Information about the facility and equipment is shown in the table below.

Fixed Cardiac Catheterization Equipment Inventory – Cabarrus County			
Facility	# Units	2022 Procedures	Machines Required (80% Utilization)
Atrium Health Cabarrus	3 [^]	4,170	3.48

[^] AH Cabarrus has 2 Cardiac Cath units and one CON approved Cardiac Cath unit in development.

Regarding the expected effects of the proposal on competition in the service area, in Section N, page 99, the applicant states:

“Atrium Health Cabarrus competes with other providers throughout the region as Cabarrus County residents choose multiple providers for their healthcare needs. Approval of an additional unit of cardiac catheterization equipment at Atrium Health Cabarrus will enhance competition by approving sufficient capacity for Atrium Health Cabarrus such that it can continue to compete for these patients. As a facility that is cost-effective, demonstrates high quality, and provides strong access to the medically underserved, Atrium Health Cabarrus needs additional capacity to promote competition.”

Regarding the impact of the proposal on cost effectiveness, in Section N, page 99, the applicant refers to Section B.20.c which states:

“The proposed project is indicative of CMHA’s commitment to containing healthcare costs and maximizing healthcare benefit per dollar expended, even though the additional fixed cardiac catheterization equipment necessitates the expenditure of capital costs to purchase the equipment and upfit space for its development... there is vacant space on the first floor of the existing hospital adjacent to the three existing fixed cardiac catheterization units. CMHA believes the additional cardiac catheterization capacity can be developed efficiently at a reasonable cost in this existing, vacant space while also creating the necessary capacity to care for a growing number of patients at Atrium Health Cabarrus.”

See also Sections B, C, F, and Q of the application and any exhibits.

Regarding the impact of the proposal on quality, in Section N, page 99, the applicant refers to Section B.2 Policy GEN-3, 20.d, which states:

“Catheterization Equipment and Cardiac Angioplasty Equipment – incorporates concepts of safety, quality, access, and maximum value by expanding Atrium Health Cabarrus’s ability to continue demonstrating these concepts in the services it provides. The increased number of patients served, including the medically underserved, will have access to the safe, high quality cardiac catheterization services provided at Atrium Health Cabarrus, and the proposed project will be developed in such a way as to maximize healthcare value.” (page 32)

See also Sections B, C, and O of the application and any exhibits.

Regarding the impact of the proposal on access by medically underserved groups, in Section N, page 99, the applicant refers to Section B.2, page 28, Policy GEN-3, 20.b which states:

“The proposed project will improve access to cardiac catheterization services in the service area. CMHA has long-promoted economic access to its services as it historically has provided services to all persons in need of medical care, regardless of race, color, religion, national origin, age, sex, sexual orientation, gender identity, gender expression, disability or source of payment as demonstrated in CMHA’s Non-Discrimination policies”.

See also Sections C and L of the application and any exhibits.

The applicant adequately describes the expected effects of the proposed services on competition in the service area and adequately demonstrates the proposal would have a positive impact on cost-effectiveness, quality, and access because the applicant adequately demonstrates that:

- 1) The proposal is cost effective because the applicant adequately demonstrated: a) the need the population to be served has for the proposal; b) that the proposal would not result in an unnecessary duplication of existing and approved health services; and c) that projected revenues and operating costs are reasonable.

- 2) Quality care would be provided based on the applicant's representations about how it will ensure the quality of the proposed services and the applicant's record of providing quality care in the past.
- 3) Medically underserved groups will have access to the proposed services based on the applicant's representations about access by medically underserved groups and the projected payor mix.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion based on all the reasons described above.

- (19) Repealed effective July 1, 1987.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.

C

The applicant proposes to develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment.

On Form O in Section Q, page 125, the applicant identifies the hospitals with fixed cardiac catheterization equipment located in North Carolina owned, operated, or managed by the applicant or a related entity. The applicant identifies a total of eight (8) hospitals with fixed cardiac catheterization equipment located in North Carolina.

In Section O, page 104, the applicant states that none of the facilities in Form O were determined by the Division of Health Service Regulation to have had any situations resulting in a finding of immediate jeopardy during the 18 month look-back period. After reviewing and considering the information provided by the applicant and the Acute Care and Home Care License and Certification Section and considering the quality of care provided at all eight (8) facilities, the applicant has provided sufficient evidence that quality care has been provided in the past. Therefore, the application is conforming to this criterion.

- (21) Repealed effective July 1, 1987.

G.S. 131E-183 (b): The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and

may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

C

The Criteria and Standards for Cardiac Catheterization Equipment and Cardiac Angioplasty Equipment promulgated in 10A NCAC 14C .1600 are applicable to this review. The application is conforming to all applicable criteria. The specific criteria are discussed below.

10A NCAC 14C .1603 PERFORMANCE STANDARDS

(a) *An applicant proposing to acquire fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:*

(1) *identify the existing fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;*

-C- In Section Q, Form C.2a, page 108, the applicant identifies three (3) existing units of fixed cardiac catheterization equipment at Atrium Health Cabarrus. The 2024 SMFP lists the existing and approved 2022 cardiac catheterization inventory for Atrium Health Cabarrus in the table below.

Fixed Cardiac Catheterization Equipment Inventory – Cabarrus County			
Facility	# Units	2022 Procedures	Machines Required (80% Utilization)
Atrium Health Cabarrus	3 [^]	4,170	3.48

[^] AH Cabarrus has 2 Cardiac Cath units and one CON approved Cardiac Cath unit in development.

(2) *identify the approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;*

-C- In Section C, page 56, the applicant states there are no approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity in the proposed fixed cardiac catheterization equipment service area (Cabarrus County).

(3) *provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;*

- C- In Section Q, Form C.2b, page 109, the applicant provides projected utilization of the existing, approved, and proposed fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in Cabarrus County during each of the first three full fiscal years of operation following completion of the project.
 - (4) *provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and*
 - C- Immediately following Form C.2b in Section Q, the applicant provides the assumptions and methodology used to project utilization of the existing, approved, and proposed fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in Cabarrus County during each of the first three full fiscal years of operation following completion of the project.
 - (5) *project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment shall perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.*
 - C- In Section Q, Form C.2b, page 109, the applicant projects that the existing, approved, and proposed fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in Cabarrus County will perform 900 or more diagnostic-equivalent procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project. The discussion regarding projected utilization found in Criterion (3) is incorporated herein by reference.
- (b) *An applicant proposing to acquire shared fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:*
- (1) *provide projected utilization of the proposed shared fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;*
 - (2) *provide the assumptions and methodology used to project the utilization required by Subparagraph (1) of this Paragraph; and*
 - (3) *project that the proposed shared fixed cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization and angiography procedures during the third full fiscal year of operation following completion of the project.*
- NA- The applicant does not propose to acquire shared fixed cardiac catheterization equipment.
- (c) *An applicant proposing to acquire mobile cardiac catheterization equipment pursuant to a need determination in the State Medical Facilities Plan in effect as of the first day of the review period shall:*

- (1) *identify the existing mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that provides cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;*
 - (2) *identify the approved mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that will provide cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;*
 - (3) *provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;*
 - (4) *provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and*
 - (5) *project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.*
- NA- The applicant does not propose to acquire mobile cardiac catheterization equipment.